



MINUTES

Mental Health and Disability Services Study Committee

December 19, 2011

MEMBERS PRESENT:

Senator Jack Hatch, Co-chairperson
Senator Joe Bolkcom
Senator Joni Ernst
Senator David Johnson
Senator Amanda Ragan

Representative Renee Schulte, Co-chairperson
Representative Dave Heaton
Representative Lisa Heddens
Representative Linda Miller
Representative Mark Smith
Representative Mary Wolfe

MEETING IN BRIEF

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- I. Procedural Business
- II. Iowa Mental Health and Disability Services
Redesign Final Report Presentation
- III. Financing Options Panel and Discussion
- IV. Member Discussion
- V. Recommendations
- VI. Public Comment
- VII. Materials Filed With the Legislative Services Agency



I. Procedural Business

Call to Order and Adjournment. Co-chairperson Hatch called the third meeting of the Mental Health and Disability Services Study Committee to order at 9:35 a.m. in the Ola Babcock Miller Building, Des Moines, Iowa. In addition to committee members, Representative Julian Garrett and Representative Joel Fry attended the meeting. The meeting was adjourned at 3:27 p.m.

Approval of Minutes. The November 17, 2011, meeting minutes were unanimously approved as distributed.

Presentation Broadcast. Mr. John Pollak, Legislative Services Agency (LSA), Legal Services Division, discussed the live streaming of the meeting and website access to this and the previous committee meeting.

Background. The Iowa Department of Human Services (DHS) initiated seven workgroups to develop proposals and recommendations to the committee for the redesign of the services systems. Most workgroups met every other week from mid-August until the end of October and DHS held several public hearings around the state. DHS submitted a preliminary interim report of the workgroups' findings, recommendations, areas of consensus, and opinion differences on October 31, 2011 (interim report). DHS submitted a final report to the committee on December 9, 2011 (final report).

Closing Comments. Co-chairperson Hatch stated that legislation is expected around the third week of the 2012 Legislative Session. He also stated that he and Co-chairperson Schulte would recommend a joint committee to discuss the legislation and the committee would continue to have open meetings. Co-chairperson Hatch commented that the mental health redesign proposal should be well-received by both parties and the governor.

II. Iowa Mental Health and Disability Services Redesign Final Report Presentation

Final Report Overview. Mr. Charles Palmer, Director, DHS, and Mr. Rick Shults, Division Administrator, DHS, discussed the final report and responded to questions. Director Palmer stated the final report contains the department's recommendations for the General Assembly and breaks the discussion into three categories: service delivery, management and structure through regionalization, and financing. The final report lays out a timeline for implementation of the redesign and estimates the costs. The final report does not restate the consensus points of DHS with the interim report submitted to the study committee in October 2011. The final report clarifies points in the interim report and deviates from certain aspects of the interim report. The final report discusses details in the timing of the management and structure and services while maintaining a workable financing plan for the redesign. The final report assumes that the \$122-125 million currently allocated from the county property tax levy will remain in the mental health system to address non-Medicaid services.

Mr. Steve Day, a consultant with the Technical Assistance Collaborative (TAC) that assisted in the decision process and drafting of the interim report, noted the final report distills the workgroups' interim report into an action plan by prioritizing recommendations and advising that early changes



be made in the system. He noted the final report establishes building blocks for quality services in the future. He commented that the final report presents a good opportunity to make the needed changes and to reduce transactional friction.

Management/Structure. Director Palmer recommended that in the governance structure, only county supervisors would be voting on tax-related issues.

Financing. Director Palmer noted that the final report proposes that the state would assume the responsibility for the nonfederal share of Medicaid-funded adult mental health and disability services, which is currently a county responsibility. The state would also assume responsibility for growth in costs and new critical core services. The property tax levy money raised by the counties would cover non-Medicaid services. Director Palmer also noted that the implementation of the federal Affordable Care Act would be an enormous benefit for the counties under the redesign system as many individuals would be covered by Medicaid.

Mr. Shults listed the key problems the proposal for financing of the redesign seeks to address. Due to changes in federal funding, the county responsibility for Medicaid costs is slated for an unusually large increase in FY 2012-2013. The growth of Medicaid costs is eroding the amount of funding available for non-Medicaid services. There is a fixed amount of money available for all services, and the money for non-Medicaid services is decreasing. Certain people have more problems achieving Medicaid eligibility, and the money for these people is being reduced. In FY 2011-2012, there was \$143 million available for non-Medicaid services. This amount will decrease to \$87.5 million in FY 2012-2013. Another problem with the current financing system is the complexity. A significant amount of money goes from the state to the county and is paid back to the state again for Medicaid and state institutions.

Therefore, the final report contains a proposal that the state assume the cost of the nonfederal share for Medicaid, and the \$122-125 million currently raised by the counties would continue to be available in whatever form the General Assembly chooses. The final report recognizes the growth in the cost of services and utilizes phased-in services and other strategies to offset the increases in costs that are recommended.

Mr. Shults, referencing funding charts in the final report at pages 13-15, stated that currently the General Assembly appropriates in various funding streams \$171 million from the General Fund that is used by counties for Medicaid expenditures. DHS recommends that the \$171 million be redirected to buy out the counties' responsibility to pay for Medicaid services. The \$171 million, plus the \$12 million for the State Payment Program (used to buy county-managed services for cases that are a state responsibility), and an additional \$47.4 million in new moneys from the General Fund would be used to provide the federal match for Medicaid services that are currently a county responsibility. If the state buys out the counties' responsibility for Medicaid services, then \$59.7 million that the counties currently use to fund Medicaid expenditures can instead be used for continued funding of non-Medicaid services. The \$122-125 million currently raised through county taxes plus the federal Social Services Block Grant would amount to \$135 million for non-Medicaid services.

In response to questions on growth estimates, Mr. Shults stated that DHS assumed a three percent growth in costs for both non-Medicaid and Medicaid services as currently provided and the



Mental Health and Disability Services Study Committee

state would pay the estimated growth costs for both non-Medicaid and Medicaid services. The state would pay the non-Medicaid estimated growth cost to the regions. In response to committee questions, Mr. Shults stated that if the General Assembly chooses to build in the three percent growth in an appropriation bill, the estimated growth percentage would be subject to change.

Mr. Shults also noted that the financing proposal recommended in the final report will lead to savings in Medicaid and non-Medicaid services. The savings would be accrued to the regions to provide additional services.

Mr. Shults referred to page 12 of the final report to discuss the cumulative estimated cost of the redesign. In FY 2012-2013, the increase in cost from the General Fund equals \$42.3 million. This would allow the state to buy out the counties' cost for Medicaid services and would phase-in some services. The amount does not reflect any savings from balancing. This \$42.3 million is above what is already planned for the FY 2012-2013 appropriation for Medicaid. The FY 2013-2014 appropriation would be \$68.8 million above what is already planned. The Proposed State General Fund Increase chart for FYs 2012-2013 through 2016-2017 contained on page 12 of the final report lists the cumulative increase and the year-to-year increase. In response to Senator Bolkcom's question on the feasibility of the redesign if the General Assembly cannot secure an additional \$42.3 million for FY 2012-2013, Director Palmer stated that the state could buy out the counties' responsibility for Medicaid in two steps and continue to move ahead with the redesign plan. Director Palmer also commented that the state appropriated \$35 million in additional growth funding for counties for FY 2011-2012 so a \$42 million increase is not that extreme. Director Palmer also noted that if DHS is unable to obtain the amount of funds listed in the report, DHS would prioritize; however, the buyout of the counties' responsibility for Medicaid is the top priority.

Services. Mr. Shults discussed the phase-in plan for services. He referred to the General Fund impact chart on page 14 of the final report. Mr. Shults stated that the chart shows that additional core services that are not available in all counties or are not consistently available and identifies which will have the greatest impact on the quality of life and savings to be phased in first. Mr. Shults emphasized that the fiscal impact numbers of providing these services as listed in the chart are estimates.

In FY 2012-2013, the final report recommends that \$500,000 be spent to provide technical assistance to regions for the formation and implementation of the regionalization system. This is a one-time expenditure. Also in FY 2012-2013, DHS recommends funding for implementing health homes for children currently placed out of state. This money would be used to establish Medicaid health homes for intensive care coordination within the state. The final report also provides expenditures in FY 2012-2013 for the implementation of standard assessments and the increased administration costs. The total recommended General Fund expenditure increase for FY 2012-2013 is \$4.9 million.

Mr. Shults commented that services are not greatly increased in FYs 2012-2013 and 2013-2014 because regions need time to adjust and organize. In FY 2013-2014, DHS recommends phasing in crisis services, subacute services, peer support centers, employment services, health homes, and neurorehabilitation services. There are two sets of numbers for financing these systems: the amount in the Medicaid appropriation and the amount in the regional appropriation. Mr. Shults remarked that it would be difficult to establish crisis services on a fee-for-service basis as people



need 24-hour access to these services. Mr. Shults also stated that subacute care will be provided for both Medicaid-eligible individuals and non-Medicaid-eligible individuals. Mr. Shults noted that Medicaid reimbursement is less likely for peer services.

Mr. Shults commented that other services would be phased in later as regions need to be better formed to phase in certain services such as transportation and precommitment screening.

In response to questions from Senator Bolkcom, Mr. Shults stated that the cost of additional services being phased-in assumes that approximately 10 regions are created. Mr. Shults also directed the committee to the final report's appendix at page 21. The appendix provides estimates of additional savings and benefits from providing services such as the federal match for crisis services. Mr. Shults noted that in order to receive new federal grants there are goals and requirements. The main requirement is to spend the same amount of money on community-based services as institutional services. Currently, the split in money provided is closer to 60 percent institutional and 40 percent community-based. But the forecast decreases that gap in the relative percentages from 56 percent to 44 percent. Mr. Shults noted that in order to receive the federal grants, Iowa must follow other rules, such as having an appropriate assessment and single-entry point, and then the state would meet the goals regardless of whether the state can equalize the money spent on community-based and institutional services.

Mr. Shults commented that when estimating the costs and savings of providing services and assistance for the redesign program, DHS collaborated with the TAC in evaluating what has been done around the country, while looking at services that are already provided in Iowa and extrapolating those service costs and benefits if the service is provided in every region.

In response to Representative Heaton's question regarding supported employment services, Mr. Shults stated that DHS recommends the implementation of supported employment services in FY 2013-2014 to coincide with the implementation of regions. Mr. Shults also stated that when evaluating the cost for supported employment services, DHS evaluated costs and offsets, and found there would only be an incremental difference as there are individuals currently receiving this service in some areas.

In response to Representative Heddens' question on the Medicaid Children's Mental Health waiver, Mr. Shults stated that the recommendations only change the way services are delivered, not the size of waiting lists. Director Palmer noted that DHS is currently reducing the waiting lists using additional appropriations for FY 2011-2012 and FY 2012-2013 enacted for this purpose. Director Palmer stated that the redesign plan necessitated prioritization and if a high emphasis is placed on the reduction of waiting lists, then less money is available for core services.

III. Financing Options Panel and Discussion

Legislative Services Agency staff, Mr. Jess Benson and Mr. Jeff Robinson, Fiscal Services Division, and Mr. John Pollak and Mr. Michael Duster, Legal Services Division, discussed a list developed by nonpartisan and partisan legislative staff of issues and considerations for addressing property taxation in the mental health redesign.

Assumptions and Considerations for Revising Property Taxation. Mr. Pollak stated that in the current system, the levy for the property tax is limited based upon the amount of a county's



Mental Health and Disability Services Study Committee

expenditures in the mid-1990s. The expenditure amount is converted to a property tax rate, which creates disparity in the levy rates among the counties. Currently, Dickinson County has the lowest current maximum levy rate and Jasper County has the highest current maximum levy rate. Johnson County is an example of a county that has a low maximum levy rate because the population has increased since the levy rate was set.

Mr. Pollak stated that in the reform in the 1990s, the policy objectives included controlling expenditures by capping the county levies, improving information about expenditures and services, and adding professional management through county central point of coordination offices (CPCs).

Mr. Pollak stated the criticism of the current system focuses on inequities between counties in funding levels and gaps in service quality and availability.

Mr. Pollak noted the current property tax system is subject to repeal on July 1, 2013, pursuant to 2011 Iowa Acts, chapter 123 (SF 209). Mr. Pollak stated that the funding mechanisms and the county management provisions are set to be repealed, but the county mandates remain in effect. To complete the repeal of the system, the committee could revise the mandates or shift the mandates to the state.

Mr. Pollak described options available to the committee to address the repeals of the levy and state funding contained in SF 209 as follows: leave the repeals currently in effect, but enact new property tax or state funding provisions to replace the levy and state funding; move the repeal date later than July 1, 2013; move the repeal date by repealing the levy and state funding once a certain financial trigger has been achieved; reinstate the property tax authority, but base the tax on a levy rate rather than a dollar limit; substitute the repeals with an incremental phase-out of county funding to be replaced with state funding; reinstate the supplemental levy authority, but consider a rate or dollar limit; or reinstate the existing dollar cap levy limit by eliminating the repeal, which would keep the current financing system. Mr. Pollak noted that if the committee opts to reinstate the levy authorization, the committee should consider whether the rate will be a set rate, maximum rate, or a dollar amount limit.

Mr. Pollak also noted that currently waiting lists are employed as a financial management tool, and the committee could consider whether that should continue.

Current Property Tax System Discussion. Mr. Benson presented a table showing the current state and county mental health and disability services funds for FY 2011-2012. The table shows the state grant total, the county levy total, and the relative percentages of money provided by the state and the county. Carroll County has the highest percentage of county dollars for mental health and disability services and Plymouth County has the lowest percentage of county dollars for mental health and disability services. Representative Smith noted that if the county has a low dollar amount, then the state has put more money into that county over a period of years.

Mr. Benson stated that, on average, counties levy at an average rate of 96 cents per \$1,000 in property value for mental health and disability services. However, there is a vast difference in this rate between counties. The levy extends from the rate of 20 cents in Dickinson County to \$2.37 in Jasper County. There is a wide gap to address in order to move every county to a standard rate. The counties with a low rate would have to increase the property tax or the state would have to subsidize the rates and the counties with a high rate would have to decrease the property tax rate



to reach the average rate of 96 cents. Under this scenario the state would pay over \$19.5 million to subsidize those counties with a lower current maximum levy rate.

Mr. Benson stated that when looking at the current system on a general population per capita expenditure basis, the average per capita levy rate is \$41.29 per person in each county. The state would pay over \$17.3 million to subsidize those counties with a lower per capita levy rate.

In discussion, it was noted that the state has been subsidizing some counties, such as Johnson County more than others, so a change in the taxation system would be fairer, hypothetically. Mr. Benson noted that when switching to a uniform levy rate or per capita rate, the state could assume the cost. Senator Bolkcom commented that in an ideal world, the equalization should be by household or person and subsidization should not occur because the subsidization is not equal for all counties.

Representative Heaton noted that the numbers in tables presented include both Medicaid and non-Medicaid services or expenditures, but assuming the state buys out the counties' responsibility for the nonfederal share of Medicaid, the real issue becomes the equalization of funds for non-Medicaid services. Mr. Benson stated that under the DHS proposal, the Social Services Block Grant and property tax would be the available resources for non-Medicaid services.

Assumptions and Considerations for Revising County Property Taxation Provisions Based on School Aid Concept. Mr. Pollak commented that applying school aid concepts could be used as a framework to equalize funding and reduce disparities. However, very few counties levy near the average rates so most counties would change to higher or lower rates than currently applied. State funds would be needed to equalize the revenue accrued from property taxation. In the current school aid approach, state funding is used to bring all counties to 87.5 percent of the state cost per pupil and additional property taxation is authorized for the remainder; however, the committee could choose to bring all counties to 100 percent of the cost, unlike school aid. This approach could utilize several methods, but a general population/per capita approach is utilized in the handouts to illustrate methods to equalize revenue.

School Aid Concept Discussion. Mr. Benson stated that under the school aid concept, the counties levy a tax, the state adds money on top of that to reach the 87.5 percent mark, and the county has an additional levy. The uniform levy raises less or more based on property-rich or property-poor counties, so the state subsidizes property-poor counties to reach the 87.5 percent mark. In the mental health, disability services example distributed, based on a target amount of \$100 per person, property-rich counties could levy \$67 per person and the property-poor counties could levy \$33 per person. The state would provide additional funding to reach the \$100 per person target and the counties could levy on top of that for core plus services.

Assumptions and Considerations of Using General Population Approach. Mr. Pollak stated that using a general population factor ensures funding generally follows population concentrations, but may not adequately reflect the presence of high-need cases or a mix of high need and lower need cases. However, since the population census only occurs once every 10 years, and census data does not reflect cases moving around, a different population estimate may be needed. Mr. Pollak commented that the committee has discussed core services and core plus services and may want to address authorizing additional revenue for core plus services. Mr. Pollak also noted



the committee may want to consider whether to apply a per capita levy on a county-by-county basis or a regional basis.

IV. Member Discussion

Financing. Co-chairperson Hatch directed the committee to begin the financing discussion based on the recommendations in the final report. The committee discussed Senator Bolkcom's motion that the mental health disability service redesign system should have a local contribution at least at the current level of \$122-125 million. The committee discussed whether to consider replacing the current system of property taxes and noted concern with the dollar figure as counties may have to raise or lower levy rates to reach the current level of \$122-125 million. Co-chairperson Hatch noted the motion did not concern how to collect the current level of \$122-125 million and did not address a change in property taxes or a change in the state subsidy for current counties, but instead stated a principle of local contribution at the current level. The committee agreed that the financing system should include a local contribution at least at the current level of \$122-125 million. Co-chairperson Hatch remarked that the approval of the motion is a significant step.

The committee discussed Co-chairperson Hatch's motion that local property taxes would not be increased and the state would devise a system to subsidize counties. The discussion was tabled until after both parties caucused during the lunch break.

Administrative Cost Cap. The committee discussed Representative Miller's motion to approve the recommendation in the final report that there be a definition of what is included in the legislatively proposed five percent regional administrative cost cap. Depending on the definition as well as what the five percent is based on, five percent may not be enough for a region to perform all of the necessary administrative functions. The committee commented on what would be included in the definition of administrative functions. In response to Representative Heaton's question about whether CPCs would be part of the five percent administrative cost cap, Co-chairperson Hatch noted that CPCs would be repealed as of July 1, 2013, and the functions would be consolidated. The committee discussed whether the cost of local access would be an administrative cost considering the proportionally higher cost in rural areas. Co-chairperson Hatch noted that part of local access could include a service cost such as transportation, which would be both service and administrative. Senator Ragan noted the definition of administrative cost is open for discussion because case management and access is also an issue. The committee noted the importance of the definition of administrative functions. The committee also discussed whether the motion allowed an administrative cost cap of higher than five percent. The committee agreed that there be a definition of what is included in the legislatively proposed five percent administrative cost cap.

The committee discussed whether the management structure of regionalization had already been agreed to in the 2011 legislation, 2011 Iowa Acts, chapter 121 (SF 525).

Region Formation. The committee discussed the size of regions. Senator Bolkcom noted his concern with the number of regions and the limitation on the minimum number of counties in a region. He also noted unease with the aggressive timeline proposed. Co-chairperson Schulte commented that the regional workgroup's recommendation on requiring at least three counties in a region and the population for a region of 200,000-700,000 was reached after determining that this



provided optimum balance to achieve the appropriate region size. Co-chairperson Schulte noted the minimum of 200,000 persons was selected so the region would experience a benefit from increased population, but limited the population to 700,000 so a region would not end up becoming a state system without a legislative vote. Co-chairperson Schulte also noted the regional workgroup's decision to set a minimum number of counties in a region was made because of the concern that a larger county would not join with other counties while acknowledging the need for counties to retain a major vote in the regional governance structure. Co-chairperson Schulte also commented on the preference that DHS have waiver authority for regions depending on what is available in the region.

Regional Governance. The committee discussed the governance structure of regions. Senator Bolkcom noted his concern about the one county, one vote system in the governance structure. Co-chairperson Hatch commented that many Linn County and Polk County supervisors do not agree with the one county, one vote governance structure for regionalization. Co-chairperson Hatch stated that during the legislative process he will propose a change to the voting system in the region that would mirror the Des Moines metropolitan planning organization approach with weighted voting on some policy issues.

Advisory Committee. The committee discussed the existence of an advisory committee to advise the regional governing board. Senator Bolkcom requested the advisory committee be added to the proposed legislation. The committee discussed whether an advisory committee should be mandated, who would be on the committee, and how many people would be on the advisory committee. This discussion concerned consumer and provider access to the governance board.

Legal Settlement. The committee discussed the legal settlement issue. Director Palmer stated the final report eliminates the two-year waiting period requirement used currently for changing the county of legal settlement when a person changes residence to a different county. Director Palmer also noted that there would be access to services across regions and if there is a dispute, there will be a dispute resolution process. Director Palmer stated that disputes may still continue, but the services should be seamless for the consumer. He also noted that the funding issue will not be as relevant, as 75 percent of people are on Medicaid and the report recommends that the state buy out the nonfederal portion of Medicaid so not as many disputes in funding would arise between counties and DHS.

Technical Assistance. The committee discussed technical assistance for the creation of regions. Director Palmer stated that staff from DHS would go throughout the state to provide technical assistance. He also noted that if there were specific legal issues, the Office of the Attorney General would provide technical assistance. The support received would depend on the issue. Director Palmer commented that staff would work with a region on the functions it undertakes. Director Palmer also stated that an Iowa Code chapter 28E agreement could be entered into and then later modified.

Case Management. The committee discussed the concept of conflict-free case management. Mr. Day noted that targeted case management in Iowa is a Medicaid service and the federal Centers for Medicare and Medicaid Services expects states to require case managers be free from influence that affects judgment. The case manager cannot work for the provider. Mr. Day stated that there is a current federal definition for conflict-free case management. Mr. Day also



Mental Health and Disability Services Study Committee

commented that Iowa already meets the federal requirement for conflict-free case management in 90 percent of cases so the requirement probably would not have much impact across the system.

The committee discussed Medicaid targeted case management and case managers. Director Palmer noted that the region would evaluate the whole case management system. The recommendation in the report would allow the region to decide if a case manager has too many cases and provide for training for case managers.

Appeal Process. The committee discussed the need for an independent appeal process. Mr. Day commented that anyone on Medicaid has a right to appeal, so non-Medicaid service recipients would need equal rights. In the final report DHS recommended using the administrative law judge process so the process would be independent of the governing board.

Brain Injury. Co-chairperson Schulte pointed to the need to look at the recommendations from the brain injury workgroup as there was no prioritization provided and the brain injury workgroup would like to meet again. Director Palmer stated that the intent of the two-year brain injury workgroup was to identify the status of the services and the costs of those services. Co-chairperson Hatch noted that none of the brain injury workgroup recommendations were in the final DHS report. Representative Miller stated the first eight recommendations of the brain injury workgroup from the interim report are current practice. She stated that the others are new or expanded services.

Other Discussion. The committee discussed the need to eliminate waiting lists for Medicaid waivers.

Representative Heddens maintained that the workforce development timeline should be more aggressive.

Co-chairperson Schulte commented on the need for a clear charge for the second year of the children's mental health and disability workgroup.

V. Recommendations

Overview. The committee noted that the 22-page DHS final report had largely accepted the much lengthier 169-page interim report submitted on October 31, 2011. Representative Smith moved to direct staff to draft the elements of the combined reports in bill form, except where the committee approved changes.

There was extensive discussion of various elements of the reports. Many differences of opinion were resolved with expressions of intent to proceed with the DHS recommendation for the time being but to have further debate during the legislative process on the legislation drafted from the recommendations. The co-chairpersons announced plans to request authorization from legislative leaders to proceed with a joint approach to consideration of the bill. The committee also discussed requesting authorization from leaders for the committee to meet to approve the proposed bill draft when it is completed, likely sometime in January 2012.

Recommendations. The committee adopted the interim report as modified by the final report with some additional changes for purposes of bill drafting. The committee agreed to all of the following:



1. Not to include appropriation provisions in the initial bill draft.
2. To modify the proposal in the final report to direct DHS to review and make recommendations for what a sufficient funding level for non-Medicaid services and services to non-Medicaid eligible persons should be in order to require the review to be performed in consultation with consumers, service providers, and counties or regions.
3. DHS should review the current waiting lists for Medicaid home and community-based services waivers in order to eliminate them. This directive was expanded to include development of a more equitable approach to managing the Medicaid waiting lists to address the situation where a person who receives waiver services in this state, but who temporarily relocates to another state, is placed at the bottom of the waiting list upon returning to this state.
4. To require each region to have a regional advisory committee to consist of consumers, service providers, and regional governing board members.
5. The charge for the children's service workgroup, which was authorized to continue deliberations in 2012 by SF 525, is to submit a proposal for an integrated children's system involving child welfare, juvenile justice, children's mental health, education, and the usage of the health home approach. The committee also recommended that cost estimates be developed for the workgroup proposals.
6. The brain injury workgroup's recommendations regarding the continuation of current brain injury services as core services be approved. The committee recommended the brain injury workgroup be asked to prioritize its recommendations for optimized, expanded, and new core services, and that DHS develop cost estimates for what is recommended.
7. The judicial-DHS workgroup recommendations be drafted in a separate bill. The committee agreed that cost estimates be developed for the recommendations.
8. The bill should change the term "mental retardation" to "intellectual disability" in the Code. The bill should also change the term "adult day care" to "adult living services." (This recommendation was previously approved at the committee's October meeting.)

VI. Public Comment

A Mid-Iowa Organizing Strategy (AMOS). Mr. Bob Glass, a representative from AMOS, stated that he strongly supported the workgroup process and the interim workgroup report. He also stated the committee should give immediate attention to workforce and treatment areas.

Office of Consumer Affairs. Mr. Todd Lange, a representative of the Office of Consumer Affairs and Iowa Advocates, stated that family members need to be included in the discussion in relation



Mental Health and Disability Services Study Committee

to services. The office is part of DHS and an independent contractor performs the functions of the office in advocating for individuals concerning mental health recovery and concerning mental health policy.

Mr. Todd Noack, a regional coordinator of the Office of Consumer Affairs and a consumer, commented on the importance of the use of words such as “severe” and “persistent” as such words connote an urgency or crisis. Instead, words such as “persons in recovery” should be used.

Ms. Lisa Robin Iktomi Win Sanford, a consumer and a representative of the Office of Consumer Affairs, stated that she suffered from mental illness. In 2007, she was placed on the brain injury waiver, but has now exited and graduated from Des Moines Area Community College.

Ms. Rhonda Shouse, Office of Consumer Affairs, commented that she was pleased with the workgroups and the involvement of consumers and advocates. She also applauded the work of the committee, specifically Representative Heddens’ emphasis on addressing the waiting lists.

Hillcrest. Ms. Jessi Perry, a representative of Hillcrest, the Iowa Peer Support Training Academy and Iowa Mental Health, asked the committee to be mindful of the language used, as words such as “chronic,” “persistent,” and “severe” can be harmful to the recovery process of a person with mental illness.

Consumer. Ms. Mary Chavez, a consumer and family member, commented on the importance of having consumers or family have a voice on the governance board. She also questioned whether regions are currently forming and how the governance board from those regions are forming.

Peer Support Training Academy. Mr. Braden Daniels, Office of Consumer Affairs and Peer Support Training Academy, stated that more money for peer support is a benefit, but the committee should ascertain a better method for the allocation of that money through DHS. He stated that the money is currently allocated per consumer per month, but this needs to change to reflect the need based on where the person is located and weighing or categorizing that need.

Hamilton County Supervisors. Mr. Doug Bailey, a Hamilton County Supervisor, stated that the mental health system needs a redesign, but the goal should be to reduce costs of delivery and not to increase the costs of delivery. He stated that regionalization does not accomplish that goal, especially in rural areas.

Systems Unlimited. Mr. Dion Williams, Systems Unlimited, expressed concern regarding the use of county supervisors for a governance board as supervisors do not always have knowledge of the area. He stated that the governance board should be chosen by general election, following the school board model. This would solve problems with accountability and conflict-free management, and would not limit the board to the expertise of those already involved in government.

Friendship Center of Fort Dodge. Ms. Deborah Wilson Hermen, Friendship Center in Fort Dodge, asked the committee to consider services to infants and their families as well as preschool age children because children’s mental health matters.

Wapello County Board of Supervisors. Mr. Steve Siegel, Wapello County Board of Supervisors, questioned the financing if the federal Affordable Care Act does not go into effect. Mr. Siegel also commented on the property tax inequities, and stated that Wapello County would end up paying for other counties’ clients. He also stated that supervisors generally do not believe that regionalization



is a good idea and rural areas will lose out in a regional system. He also stated that regionalization would create chaos when more stability and more money is needed right now. Mr. Siegel also commented that the state would not be able to achieve a lower administrative cost than the current system.

Iowa Caregivers Association. Mr. John Hale, a representative of the Iowa Caregivers Association, stated that in the last month he has attended four legislatively created or directed meetings all discussing the need to focus on the workforce. Mr. Hale stated the committee should consider whether all these separate groups should focus on the workforce or whether there should be a comprehensive evaluation of the workforce issue.

VII. Materials Filed With the Legislative Services Agency

The materials listed were distributed at or in connection with the meeting and are filed with the Legislative Services Agency. The materials may be accessed from the "Committee Documents" link on the Committee Internet website at:

<http://www.legis.iowa.gov/Schedules/committeeDocs.aspx?GA=84&CID=541>.

1. November 17, 2011, meeting minutes.
2. Iowa Mental Health and Disability Services Redesign Final Report — Executive Summary — DHS.
3. Iowa Mental Health and Disability Services System Redesign — DHS Final Report.
4. Psychiatric Medical Institutions for Children to Iowa Plan — Transition Plan — Submitted by DHS 12/9/11.
5. Iowa Mental Health and Disability Services System Redesign — Preliminary Report. Submitted October 31, 2011.
6. Property Tax — Financing Redesign Issues & Considerations — Legislative Staff.
7. Property Tax — Financing Redesign Spreadsheets — Legislative Staff.
8. Department of Public Health — Healthcare Workforce Support Initiative Update.
9. Worksheet of Workgroup Recommendations submitted in October for study committee discussion — Legislative Staff.
10. Iowa State Association of Counties Mandates Report Excerpt on mental health and disability services.
11. Public Comment — A Mid-Iowa Organizing Strategy Mental Health and Addictions Issue Team.